Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000001892 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

**Snter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRANSPORTATION LOGISTICS COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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J. BRYAN

JAN -6 2009

COVER LETTER

TO:	Registration Division of (Section Corporations					
SUB	ECT:	Transportatio	n Logistics Company, LLC				
		Name of Foreign	Limited Liability Com	pany			
Dear	Sir or Madam:		•				
The e	nclosed applica	tion, certificate and fec(s)	are submitted for filing.				
Please	e return all corr	espondence concerning this	matter to the following	ŗ.			
		Name of Person			Ps -		
					O JAN ECRET	77	
	·	Firm/Company			SE L		مر
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		City/State and Zip Code					
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For fi	uther informati	on concerning this matter,	olease call:				
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	Name	e of Person	Area Code & Daytin	ne Telephone Number			
	STREET/CO	OURIER ADDRESS:		ING ADDRESS: ration Section			
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327					
	—	ve Center Circle Florida 32301	Lallah	assee, Florida 32314			
Enclo	sed is a check	for the following amount:	:			•	
	5 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Stat	tus &		
· · · · · · · · · · · · · · · · · · ·			190 14	Certified Copy			

January 5, 2010

C T CORPORATION SYSTEM

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT: TRANSPORTATION LOGISTICS COMPANY, LLC

REF: M08000001813

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H10000000913 Letter Number: 510A00000116

PRECEIVED

10 JAN -5 P.H 2: 07

SECRETANY OF STATE

ALLAHASSEE, PLORIDA

FILED
10 JAN-5 AM 8: 04
SECRETARY OF STATE
TALLAHASSEE, F. STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department of State: Transportation Logistics Company, LLC		
2.	Jurisdiction of its organization: Nevada		
3.	Date authorized to do business in Florida: 04/15/2008		
	SECTION II (4-7 complete only the applicable changes)		
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 12/4/2009		
5.	New name of the limited liability company: Centerline Drivers, LLC	10 JAN	••••
FI th	f name unavailable, enter alternate name adopted for the purpose of transacting business in ordered and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C" "LLC.")	N-5 AM	
6.	If the amendment changes the period of duration, indicate new period of duration:	9: 04	0
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		
3.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:	;	
) ,	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdic under the law of which this entity is organized. Signature of a member or the authorized representative of a member	ation	
	Typed or printed name of signee		

Filing Fee: \$25.00

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, ROSS MILLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on December 4, 2009, a Certificate of Amendment to its Articles of Organization changing the name to CENTERLINE DRIVERS, LLC, was filed in this office by TRANSPORTATION LOGISTICS COMPANY, LLC. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certified By: Christine Rakow Certificate Number: C20091231-2168 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 31, 2009.

ROSS MILLER Secretary of State

FILED
10 JAN-5 AM 8: 04
SECRETARY OF STATE
FALLAHASSEE, FLORE